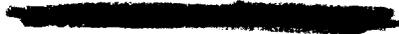




DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 6427-98
15 January 2002



This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 10 January 2002. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinions furnished by the Director, Naval Council of Personnel Boards (NCPB) dated 26 September 2000 and 14 August 2001, the Specialty Leader for Tropical Medicine, dated 19 April 2001, and the Rheumatology Service Chief, National Naval Medicine Center, dated 15 July 2001. A copy of each opinion is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. It was not persuaded that you suffered from Congo Crimean Hemorrhagic Fever or any related condition or disability. In this regard, it substantially concurred with the comments contained in the 14 August 2001 opinion of the Director, NCPB, and opinion provided by the Specialty Leader for Tropical Medicine. In addition, although it concurred with the determination of the Director, NCPB, that your disability at the time of your permanent retirement is more accurately reflected by the rating recommended by the Director in the 14 August 2001 opinion, correcting your record in accordance with his recommendation would not accord you any effective relief, because your combined rating would remain at 70%, and it would have no effect on your Department of Veterans Affairs disability rating. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be

taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

19 Apr 01

MEMORANDUM

From: Specialty Leader for Tropical Medicine, US Navy
To: Chairman, Board for Correction of Naval Records, 2 Navy Annex, Washington,
D.C. 20370-5100

Subj: REQUEST FOR COMMENTS AND RECOMMENDATION IN THE CASE OF
[REDACTED]

Ref: (a) Yr ltr JRE:jdh Docket No: 6427-98 Dated 12 Dec 00

1. Based on the provided medical documents in reference (a), the available medical literature, review of laboratory data books from the Navy Forward Laboratory deployed during the Persian Gulf conflict, and discussions with the physicians that provided healthcare for LT Mosborg and the laboratory personnel that performed her deployed CCHF assays during her acute illness, I conclude that the probability that she was ever infected with Congo-Crimean Hemorrhagic Fever was less than 10%. Furthermore, patients that survive CCHF may have a convalescence of several weeks, but not years. There have been no reported long-term or permanent sequelae of CCHF that are similar to LT Mosborg's extensive medical problems.
2. With respect to the 6 February 1997 reference to "...apparently had a positive Congo-Crimean and hemorrhagic fever serology done at Walter Reed and at the National Institute (sic) Health.", I personally spoke to senior laboratory directors at both institutions. NIH has never done this assay to the best of anyone's memory. Walter Reed Medical Center medical laboratory has never had the capability to perform this laboratory assay. If either the NIH or Walter Reed wanted to perform this assay on one of their patients they would send a blood sample to the US Army Medical Research Institute for Infectious Disease (USAMRIID) in Fort Detrick, MD where the assay is regularly performed. USAMRIID does not retain a record by patient name, however from a one-year period of time before and until a one-year period of time after the stated time of the assay in question USAMRIID had NO positive CCHF results. Therefore, if the patient had the blood sample drawn, the only place it would have been sent is USAMRIID, and that laboratory had NO positive tests during that time. The findings in paragraph 1 and 2 are consistent with the NEGATIVE test results reported by the Centers of Disease Control.
3. Based on the provided medical documents, consultation with a rheumatologist and discussions with the physicians that provided healthcare for LT Mosborg during her acute illness, I conclude that the probability that she had hypersensitivity vasculitis is approximately 70%. Hypersensitivity vasculitis is most often a self-limited disease that occurs once; occasionally mild forms of the disease recur once or twice during the next few months. Hypersensitivity vasculitis is not a chronic disease and has not been reported to cause any of the multiple medical conditions suffered by LT Mosborg.

Subj: REQUEST FOR COMMENTS AND RECOMMENDATION IN THE CASE OF
[REDACTED]

4. Based on the provided medical documents, I concur that [REDACTED] is disabled and should be provided as much support as is appropriate for her documented medical conditions. However, as the Navy Surgeon General's Specialty Leader for Tropical Medicine, it is my opinion that [REDACTED] did not suffer from Congo-Crimean Hemorrhagic Fever during her Persian Gulf military assignment. Furthermore, as CCHF has never been reported to cause any of the current chronic disease maladies reported in [REDACTED] record, none of her current medical conditions relate to CCHF.

[REDACTED]
[REDACTED] M.D., Ph.D.
CAPT, MC, USN



DEPARTMENT OF THE NAVY
NAVAL COUNCIL OF PERSONNEL BOARDS
720 KENNON STREET SE STE 309
WASHINGTON NAVY YARD DC 20374-5023

IN REPLY REFER TO

5220
Ser: 01-23
14 Aug 01

From: Director, Naval Council of Personnel Boards
To: Executive Director, Board for Corrections of Naval Records

Subj: REQUEST FOR COMMENTS AND RECOMMENDATIONS IN THE CASE
OF [REDACTED]

Ref: (a) Your ltr JRE:jdh Docket No: 06427-98 of 1 Jun 01
(b) SECNAVINST 1850.4D

Encl: (1) My ltr 5800 PEB of 9 Jul 01
(2) Service Chief, Rheumatology NNMC ltr of 15 Jul 01

1. This letter responds to Petitioner's request for correction of her naval records as found in reference (a). The Petitioner contends she was entitled to additional disability ratings at the time of her retirement from the naval service in 1996. As part of the review of the Petitioner's case a request was made for an advisory opinion from the Service Chief of the Rheumatology Department at the National Naval Medical Center (Enclosure (1)).

2. The Petitioner's case history, contained in reference (a), was thoroughly reviewed in accordance with reference (b) and is returned. The following comments are provided:

a. The Petitioner identifies a number of conditions she believes should have been rated. Virtually none of the conditions identified by the Petitioner since she was placed on the TDRL in December 1991 appear to have been either separately unfitting or contributing significantly to her unfitness relative to her active duty service in the U.S. Navy. The Petitioner was able to function as a nurse on a part-time basis until sometime in 1995. Also, it should be noted that on 26 February 1997, the Petitioner accepted the PEB findings of 24 February 1997 and waived her right to a formal hearing.

b. The precise characterization of the Petitioner's original illness remains unknown, but all of the symptoms were noted at the time of her original referral to the PEB on 23 July 1991. It is reasonable to resolve any doubt with respect to the original diagnosis and its relationship to her subsequent diagnosis of Chronic Fatigue Syndrome in the Petitioner's favor based upon the advisory opinion provided in enclosure (2). There is no record of a positive test for Congo Crimean Hemorrhagic Fever.

c. The manifestations of depression have been variable and can be tied to the severity of her other conditions.

Subj: REQUEST FOR COMMENTS AND RECOMMENDATIONS IN THE CASE OF [REDACTED]

d. The following correction of her record is recommended to accurately account for the Petitioner's condition:

CATEGORY I: Unfitting conditions:

1. Residual Brachial Neuritis with Myofascial Pain Syndrome Left Shoulder (7234)	8513 5099-5021	20 10 vice 30
2. Major Depression Single Episode (2962)	9209	10 vice 30
3. Hypersensitivity Vasculitis (4476) with Chronic Fatigue Syndrome 7199-6354		40
4. Degenerative Arthritis Left Patellofemoral Joint Surgically Treated (7159)	5299-5003	10 65=70% PDRL /70%

CATEGORY II: Conditions that contribute to the unfitting condition:

5. Chorodal Retinal Scar, Right Eye (36330) Related to DX #3

3. In summary, a correction the Petitioner's record is recommended to properly reflect her condition, but this change will not have any affect on her overall disability rating of 70%.

[REDACTED]



DEPARTMENT OF THE NAVY
NAVAL COUNCIL OF PERSONNEL BOARDS
WASHINGTON NAVY YARD
720 KENNON STREET SE RM 309
WASHINGTON, DC 20374-5023

IN REPLY REFER TO

5420
Ser: 00-16
26 Sep 2000

From: Director, Naval Council of Personnel Boards
To: Executive Director, Board for Correction of Naval Records

Subj: REQUEST FOR COMMENTS AND RECOMMENDATION IN THE CASE OF
[REDACTED]

Ref: (a) Chairman, BCNR JRE:jdh DN: 6427-98 ltr of 14 Jun 2000
(b) SECNAVINST 1850.4D

1. This responds to reference (a) which requested comments and a recommendation regarding petitioner's request for correction of her records to show that she was entitled to additional disability ratings at the time of her retirement from the naval service in 1996.

2. The petitioner's case history, contained in reference (a), was thoroughly reviewed in accordance with reference (b) and is returned. The following comments and recommendations are provided.

a. Those conditions rated by the VA that were manifest while petitioner was on active duty do not appear to have been unfitting at the time she was placed on the TDRL despite the presence of related symptoms. This conclusion is also compatible with the fact that the issue of separate unfitness for these conditions does not appear to have been raised by either petitioner or her health care providers during the PEB review process.

b. It is possible that at the time of petitioner's placement on the PDRL (with petitioner's consent), that, by roughly concurrent nominal VA determination, a number of petitioner's conditions were either over-rated or overlooked by the PEB. This includes:

- (1) Major Depression, Single Episode (9209)
(30% PEB, 10% VA)
- (2) Residual Brachial Neuritis with Myofascial Pain
Syndrome, Left Shoulder, (5025,8513)
(50% PEB, 20% VA)

The following conditions appear to have been unfitting at the time petitioner was placed on the TDRL but might have been overlooked by the PEB at the time of placement on the PDRL.

- (1) Chronic Fatigue Syndrome (60% VA)
- (2) Leptomeningeal Cyst, Status Post Aspiration
And placement of Ventricular Peritoneal Shunt
(10% VA)
- (3) Cystitis, Bladder Spasm, Incontinence, Nocturia (20% VA)

c. In view of the above, the following information/review must be obtained before this office can provide a meaningful and informed recommendation:

Subj: REQUEST FOR COMMENTS AND RECOMMENDATION IN THE CASE OF


(1) Copy of petitioner's report of positive serology for Congo-Crimean Hemorrhagic Fever from Walter Reed Army Medical Center/National Institute of Health.

(2) BUMED Tropical Medicine Specialty Leader review of BCNR request including comment on the likelihood that any or all of petitioner's continuing symptoms and diagnosed conditions (the chronicity/clinical courses) represent the consequences of petitioner's Congo-Crimean Hemorrhagic Fever and/or Hypersensitivity Vasculitis. If not these clinical entities, then what is the etiology of petitioner's clinical presentation?

3. In summary, the evidence in this record is insufficient to support a recommendation concerning petitioner's request. A recommendation will be provided, however, following receipt and review of the information requested in 2.c.(1)&(2) above.

